RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM (CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

□Blythe Jail	□Indio Jail	□RPDC	□ SCF	⊡ CBDC
From (Departe De): N. (Ap.	ame (Last, First, Middle) ellido, Nombre, Segundo No	ombre)	Booking Number Número de Preso)	Date (Fecha)
Grievance is about (Queja):	•	Dr.		,
	ail Staff (Personal de la Ca			Condiciones de la Cárcel)
	Other (Otra Queja)			tal Health (Salud Mental)
W.		/		Track of 2"
Date and time of incident (Fecha)	1	13/14	030	
Describe the reason for your grie (Explique el motivo de su queja en su	vance, in your own words is propias palabras. Por favo	s. Please be specific or sea especifico(a). Uf	c. (Use additional silice hoias adicionales	sheets if necessary.)
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Inmate Signature:	1102 113 113	1 10 - 12	V STUE / 1	- And
				3,17
Received by: Employee Name	and ID number	ان ان	Date	Time
Recommendations / Resolution:				
Francisco	Triplipe 1	11.1		* **
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	The Late of the Control of the Contr			
- Post of America	A			-
Supervisor:	and ID number	70	1/5/7019	1330
Supervisor Name	and ID number		S 1/3/7010	1330 Time
	and ID number		1 /51/7010 Date	1330 Time
Supervisor Name	and ID number	Popping L	Date 7010	Time Serving
Supervisor Name	and ID number	Paramet La	Date 7010	Time PAR SOMMING
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